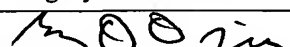


Please type a plus sign (+) inside this box → ☐Approved for use through 10/31/2002. OMB 0651-0032
U.S. Patent and Trademark office; U.S. DEPARTMENT OF COMMERCE

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UTILITY PATENT APPLICATION TRANSMITTAL <i>(Only for new nonprovisional applications under 37 CFR 1.53(b))</i>		Attorney Docket No. 60,126-223		15757 U.S. PTO 10/728181 120403	
		First Inventor Martin Bachmann			
		Title	METHOD AND DEVICE FOR TRANSPORTING POWDERY SUBSTANCES		
		Express Mail Label No. EL997489116US			
APPLICATION ELEMENTS <i>See MPEP chapter 600 concerning utility patent application contents</i>		ADDRESS TO: Mail Stop Patent Application Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450			
1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) <i>(Submit an original and a duplicate for fee processing)</i> 2. <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. 3. <input checked="" type="checkbox"/> Specification [Total Pages (13)] <i>(preferred arrangement set forth below)</i> Descriptive title of the invention Cross reference to related applications Statement regarding Fed sponsored R & D Reference to sequence listing, a table, or a Computer program listing appendix Background of the Invention Brief Summary of the invention Brief Description of the Drawings Detailed description Claim(s) Abstract of the Disclosure 4. <input checked="" type="checkbox"/> Drawing(s) (35 USC 113) [Total Sheets (2)] 5. <input checked="" type="checkbox"/> Oath or Declaration [Total Pages (2)] a. <input checked="" type="checkbox"/> Executed (original copy) b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63) (d) i. <input type="checkbox"/> <u>DELETION OF INVENTOR(S)</u> Signed statement attached deleting inventor(s) Named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b). 6. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76		7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (<i>Appendix</i>) 8. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission <i>(if applicable, all necessary)</i> a. <input type="checkbox"/> Computer Readable Form (CRF) b. Specification Sequence Listing on: i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or ii. <input type="checkbox"/> paper c. <input type="checkbox"/> Statements verifying identity of above copies		ACCOMPANYING APPLICATION PARTS 9. <input checked="" type="checkbox"/> Assignment Papers (cover sheet & document(s)) 10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input type="checkbox"/> Power of Attorney <i>(when there is an assignee)</i> 11. <input checked="" type="checkbox"/> English Translation Document (<i>if applicable</i>) 12. <input checked="" type="checkbox"/> Information Disclosure Statement <input checked="" type="checkbox"/> Copies of IDS (IDS)/PTO-1449 Citations 13. <input checked="" type="checkbox"/> Preliminary Amendment 14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <i>(Should be specifically itemized)</i> 15. <input checked="" type="checkbox"/> Certified Copy of Priority Document(s) <i>(if foreign priority is claimed)</i> 16. <input type="checkbox"/> Request and Certification under 35 USC 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent. 17. <input checked="" type="checkbox"/> Other: <u>Check for the payment of the filing fees</u>	
19. CORRESPONDENCE ADDRESS					
<input checked="" type="checkbox"/> Customer Number or Bar Code Label <div style="border: 1px solid black; padding: 10px; display: inline-block; margin: 10px;"> (Insert Customer No. or Attach bar code label here) <div style="font-size: 1.5em; font-weight: bold;">27305</div> </div> or <input type="checkbox"/> Correspondence address below					
Name		Gregory D. DeGrazia			
Address		Howard & Howard Attorneys, P.C.			
		39400 Woodward Avenue, Suite 101			
City	Bloomfield Hills	State	Michigan	Zip Code	48304-5151
Country	United States	Telephone	(248) 723-0325	Fax	(248) 645-1568
Name (Print/Type)		Gregory D. DeGrazia		Registration No. (Attorney/Agent)	
Signature				Date	
				December 4, 2003	

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CERTIFICATE OF EXPRESS MAILING

I hereby certify that the enclosed **PATENT APPLICATION, Assignment, Declaration** and fees are being deposited with the United States Postal Service as Express Mail, postage prepaid, in an envelope as AExpress Mail Post Office to Addressee@, Mailing Label No. **EL997489116US** and addressed to Mail Stop Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450 on **December 4, 2003**.

Sandra L. Barry
Sandra L. Barry

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FEE TRANSMITTAL for FY 2004

Patent fees are subject to annual revision.

☐ Applicant Claims small entity status. See 37 CFR 1.27

Complete if Known

Application Number	Herewith
Filing Date	December 4, 2003
First Named Inventor	Martin Bachmann
Examiner Name	Not Yet Assigned
Group / Art Unit	Not Yet Assigned
Attorney Docket No.	60,126-223

TOTAL AMOUNT OF PAYMENT (\$) 810

METHOD OF PAYMENT (check all that apply)

☒ Check ☐ Credit Card ☐ Money Order ☐ Other
☐ Deposit Account ☐ None

Deposit
Account
Number

08-2789

Deposit
Account
Name

Howard & Howard

The Director is authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☐ Credit any overpayments
☒ Charge any additional fee(s) during the pendency of this application
☐ Charge fee(s) indicated below, except for the filing fee to the above identified deposit account.

FEE CALCULATION

1. BASIC FILING FEE

Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description	Fee Paid
1001	770	2001	385	Utility filing fee	770
1002	340	2002	170	Design filing fee	
1003	530	2003	265	Plant filing fee	
1004	770	2004	385	Reissue filing fee	
1005	160	2005	80	Provisional filing fee	
SUBTOTAL (1)					(\$) 770

2. EXTRA CLAIM FEES

Total Claims	19	-20**	=	0	X	0	=	0
Independent Claims	2	-3**	=	0	X		=	0
Multiple Dependent					X		=	0

Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description	Fee Paid
1202	18	2202	9	Claims in excess of 20	
1201	86	2201	43	Independent claims in excess of 3	
1203	200	2203	145	Multiple dependent claim, if not paid	
1204	86	2204	43	** Reissue independent claims over original patent	
1205	18	2205	9	** Reissue claims in excess of 20 and over original patent	

SUBTOTAL (2) (\$) 0

**or number previously paid, if greater; For Reissues, see above

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity Fee Code	Large Entity Fee (\$)	Small Entity Fee Code	Small Entity Fee (\$)	Fee Description	Fee Paid
1051	130	2051	65	Surcharge - late filing fee or oath	
1052	50	2052	25	Surcharge - late provisional filing fee or cover sheet.	
1053	130	1053	130	Non-English specification	
1812	2,520	1812	2,520	For filing a request for <i>ex parte</i> reexamination	
1804	920*	1804	920*	Requesting publication of SIR prior to Examiner action	
1805	1,840*	1805	1,840*	Requesting publication of SIR after Examiner action	
1251	110	2251	55	Extension for reply within first month	
1252	420	2252	210	Extension for reply within second month	
1253	950	2253	475	Extension for reply within third month	
1254	1,480	2254	740	Extension for reply within fourth month	
1255	2,010	2255	1,005	Extension for reply within fifth month	
1401	330	2401	165	Notice of Appeal	
1402	330	2402	165	Filing a brief in support of an appeal	
1403	290	2403	145	Request for oral hearing	
1451	1,510	1451	1,510	Petition to institute a public use proceeding	
1452	110	2452	55	Petition to revive - unavoidable	
1453	1,330	2453	665	Petition to revive - unintentional	
1501	1,330	2501	665	Utility issue fee (or reissue)	
1502	480	2502	240	Design issue fee	
1503	640	2503	320	Plant issue fee	
1460	130	1460	130	Petitions to the Commissioner	
1807	50	1807	50	Processing fee under 37 CFR 1.17(q)	
1806	180	1806	180	Submission of Information Disclosure Stmt	
8021	40	8021	40	Recording each patent assignment per property (times number of properties)	40
1809	770	2809	385	Filing a submission after final rejection (37 CFR § 1.129(a))	
1810	770	2810	385	For each additional invention to be examined (37 CFR § 1.129(b))	
1801	770	2801	385	Request for Continued Examination (RCE)	
1802	900	1802	900	Request for expedited examination of a design application	
Other fee (specify)					
*Reduced by Basic Filing Fee Paid					
SUBTOTAL (3)					(\$) 40

SUBMITTED BY

Complete (if applicable)

Name (Print/Type)	Gregory D. DeGrazia	Registration No. Attorney/Agent)	48,944	Telephone	248.723.0325
Signature				Date	12-4-03

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